

# Doctors accuse Grace of 'bail out' on obligations

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Doctors treating Libby asbestos patients are calling a recent move by former mine owner W.R. Grace to block patients from its medical plan "an attempt to bail out" from the no-cost coverage.

Dr. Alan Whitehouse, a private practice pulmonologist in Spokane, Wash., said W.R. Grace originally may have underestimated the number of asbestosis cases in Libby and is now trying to save money by cutting back on its medical program.

Whitehouse, who has been treating Libby asbestosis patients for more than 15 years, says a 63-percent rejection rate in the first two months of the year is evidence of an attempt by Grace to tighten its restrictions. Several of the rejected patients were seeing Whitehouse.

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Dr. Alan Whitehouse  
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of these patients have an obvious disease. It's just ridiculous."

Seventeen of the 27 Libby applicants for the medical program in January and February were turned down, according to Pat Cohan, director for the Center for Asbestos Related Diseases Clinic. Prior to this year, only a few had been rejected, Cohan said.

Grace officials disagree with the number of applicants in the first two months of the year. More than 50 applications were submitted in January and February, according to Alan Stringer, Grace representative in Libby.

An estimated 500 Libby residents are enrolled in the plan. Criteria include working at the former W.R. Grace vermiculite mine, documentation of direct contact with a former mine employee or living within a 20-mile boundary of the Libby mine before Jan. 1, 2000.

Doctors at first criticized Grace's restrictions on the plan as being too strict. Although the criteria were revised, some say many people who desperately need the service will be rejected.

"They set the bar too high," said activist Gayla Benefield. "Grace tried to make them-

selves look like the good guys when they introduced this program, but now they're going back on their criteria."

Stringer is quick to point out that Grace is not turning people down. He says instead that Grace's contracted medical firm, Health Network of America, is rejecting them. And for good reason, he says.

"Some of the reports they're seeing are not consistent with the diagnosis," Stringer said. "So they're being sent back. But nothing is restricting them from reapplying."

The guidelines for acceptance have not tightened, Stringer contends. Until this year, he said, verification of each medical report with a doctor's diagnosis was not being required.

While the guidelines may not have changed, the entity responsible for acceptance into the plan did change.

HNA, which took over the application process from Grace in February, now requires an audit to make sure the findings are consistent, said Dr. Stephen Kardos, chief executive officer of HNA.

"In some of the instances where patients were turned down, we did not receive a chest report," Kardos said. "As a result, they were denied

entrance."

Part of the discrepancy revolves around chest X-rays, which are used in the screening process to determine who might be suffering from asbestos-related lung disease. Because an X-ray is a crude tool open to differing interpretations, said Dr. Brad Black, two expert readers look at each X-ray and if they disagree, a third is called upon to break the tie.

It now appears that HNA is relying upon "the least significant reading of the X-ray" to make its determination for coverage, said Black, the Lincoln County health officer.

"(Grace is) using whatever they need to avoid any responsibility," he said.

Kardos and Dr. Jay Flynn, HNA vice president of medical affairs, say there is rarely a dispute over a normal chest X-ray.

"There will be some variation," Flynn said. "But a vast majority will be interpreted the same way."

Flynn and Kardos point out that Black and Whitehouse are not board certified X-ray readers, and that, at times, they have overstepped the boundaries of their expertise.

"In many instances where we have X-ray reports, they were not read by B-readers," Flynn

said.

X-rays alone can't tell the story of asbestos-related disease, Black said. Patient interviews, symptoms and exposure history all play a part.

"We have to put the pieces together and that's where the diagnosis is made," Black said.

Some patients who have been denied coverage are clearly suffering from past exposure to asbestos, Black said.

Stringer, though, says opponents to the health plan want everybody in Libby to be covered "just because they live here," something he says was not the intention of the plan. The plan, according to Stringer, was set up two years ago only to care for existing asbestosis patients, not those who may show symptoms beyond the year 2000.

The idea that doctors are diagnosing people without considerable evidence of disease is simply not true, Black said.

"They're workers who worked in the dry mill for seven years and they have obvious scarring on both sides. And both expert readers agreed that it was likely asbestos related, and we sent them to Health Network and they're denying them," Black said. "So you tell me what's going on."